**STATE OF TENNESSEE**
**DEPARTMENT OF FINANCIAL INSTITUTIONS**
**CONSUMER RESOURCES DIVISION**
**NASHVILLE CITY CENTER, SUITE 400**
**511 UNION STREET**
**NASHVILLE, TENNESSEE 37219**
**PHONE 1-800-778-4215**
**FAX (615) 253-7794**

**\*DENOTES REQUIRED FIELDS**

**CONSUMER COMPLAINT**

The Tennessee Department of Financial Institutions requires that complaints be written. Please print a copy of this form, complete and return it by regular mail or fax to the address/phone number listed above. The Department provides this form with the understanding that you authorize this office to conduct an investigation to determine if a violation of Tennessee law has occurred. Please print or type.

*Your Name: _____

Your E-mail:_____

*Address:_____

*City: _____ *State_____

*Zip Code _____ *County _____

*Home Phone:_____Work Phone_____

Who Is Your Complaint Against? _____

Name of Individual: _____

*Name of Financial Institution: _____

*Address _____

*City _____ *State: _____

*Zip:_____ Phone: _____

Amount Involved: _____Method of Payment _____

*Date of Transaction: _____Type of Transaction or Service:_____

*Have you contacted the financial institution? Yes _____No _____

Please provide the name of the person you spoke to at the financial institution, as well as the date(s) of contact: _____

**SEE OTHER SIDE TO COMPLETE**

What efforts have you taken to resolve your dispute with the financial institution?

_____

_____

Have you retained an attorney? Yes _____No_____

If yes, please provide the name and address of the attorney: _____

_____

_____

Attorney Phone Number: _____

*Has a lawsuit been filed? Yes _____No_____

If yes, please provide the case or docket number:_____

What settlement would you consider fair? _____

_____

_____

_____

*Briefly state your complaint. Complete information will speed action on your complaint. If additional space is needed, please attach additional sheets.

_____

_____

_____

_____

_____

_____

Do you have supporting documentation? (For example contracts, loan agreements, cancelled checks (front and back), bank statements or related documents)  Yes _____No_____

If yes, please provide copies of your original documents (along with a copy of this complaint form).

By submitting this information, I hereby attest to the accuracy or truthfulness of the content. I authorize the Department of Financial Institutions to send this complaint form to the financial institution or use the information given in any other manner deemed necessary or proper.

_____
**Signature**                                            **Date**